

IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)				
IN THE CASE OF <u>USA</u> v.s. <u>FOWLER</u>		FOR _____ AT _____		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other		DOCKET NUMBERS Magistrate <u>C4M 0457 RBC</u> District Court <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor				

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self-Employed	Name and address of employer: <u>DINCO PROPERTY, 38 HATH ROCK ST. LYNN MASS 01902</u>		
	IF YES, how much do you earn per month? \$ <u>2400. MO. AMT.</u>	IF NO, give month and year of last employment _____		
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____		

ASSETS	OTHER INCOME Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____		
	CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____			
	PROP- ERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE _____ _____ _____	DESCRIPTION _____ _____ _____	

OBLIGATIONS & DEBTS	DEPENDENTS MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____		
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <u>RENT COMPENSATION</u> <u>AUTO LOANS</u> <u>INSURANCE</u> <u>MISC. EXPENSES?</u>	Creditors _____ _____ _____	Total Debt \$ <u>575</u> \$ <u>900</u> \$ <u>300</u> \$ <u>300</u>	Monthly Paymt. \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) JAN 23 2004 JAN 22, 2004 AD

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) Michael V Fowler